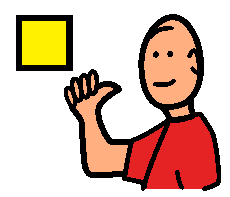
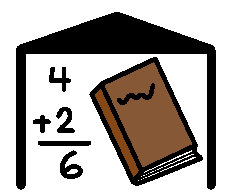
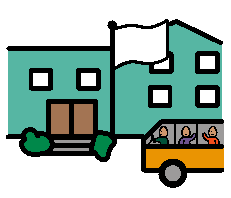
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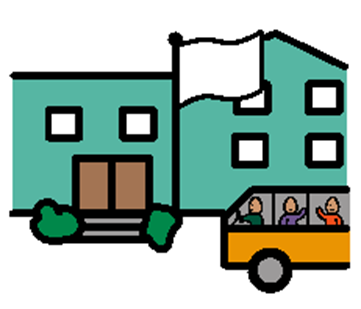
## My Personal Education Plan

|  |  |
| --- | --- |
| **Name** |  |



**School**

|  |  |  |
| --- | --- | --- |
| **Year** |  |  |

****

|  |
| --- |
| To be completed at the PEP meeting |

This plan is designed to ensure that the key people responsible for my education are aware of, and fulfil, their roles.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Date of Birth** |  |
| **School (Address & telephone if out of Borough)** |  | | | |
| **UPN:** |  | | **Year Group** |  |
| **Date of**  **this meeting** |  | **Provisional Date**  **agreed for next PEP** |  | |

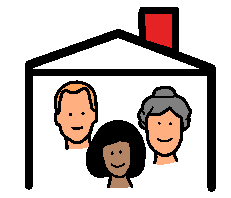
|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name and e-mail address** | **Invited to Meeting?** | **Attending**  **Meeting?** |
| Designated Teacher |  |  |  |
| e-mail |
| Social Worker |  |  |  |
| e-mail |
| Carer/Key Worker |  |  |  |
| e-mail |
| Parents / Relatives |  |  |  |
| e-mail |
| Young person |  |  |  |
| Other |  |  |  |
| e-mail |
| Virtual School Team: | **VSH: Michelle Salter**  Michelle.salter@telford.gov.uk  **Virtual School Member:** |  |  |

****

**Support I need to help me in School**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment for EHCP** |  | **EHCP** |  |

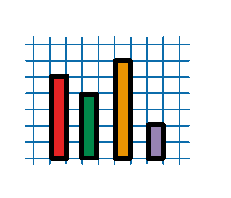
|  |
| --- |
| **Reason: e.g. social, emotional and mental health; Physical/Sensory; cognition and learning; communication and interaction** |
|  |
| **Details of support in school:** |
|  |
| **Documents attached:** |
| **Copy of Provision Map/Outcomes Document?** Yes/No **Copy of support plan/profile?** Yes/No |



**Support from other services**

E.g. CAMHS, Specialist Teaching Service, Inclusion Officer etc.

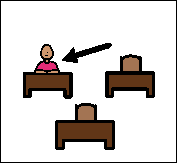
|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation and role** | **Name** | **Nature of the support** | **Start date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Progress**

**Current Level and end of year targets**

**Either use the table below or insert your own data pages if they are more appropriate. Data must indicate targets and progress over the academic year**

|  |
| --- |
| The progress made by …………….. is shown in the annual review and outcomes reviews and relative to his/her starting points is outstanding |
| The progress made by ……………… is shown in the annual review and outcomes reviews and relative to his/her staring points is above expected levels |
| The progress made by ……………… is shown in the annual review and outcomes reviews and relative to his/her staring points is at expected levels |

****

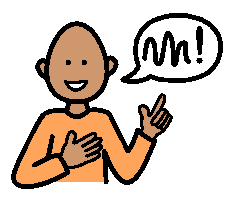
**Attendance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Autumn** | **Spring** | **Summer** | **Overall** |
|  |  |  |  |

**Attendance**: Current % attendance:

For attendance below 95% what is the reason for this and how is it being addressed?

*Please attach school attendance report for period between PEP meetings*



**Pupil Views**

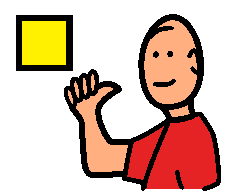
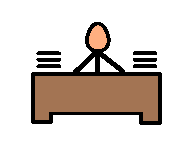
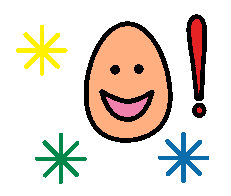
**Advocated by ………………….**

The pupil's views can be recorded through written word, video clips, pictures or photographs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
|  |  | |  |

(Please refer to your school policy on the use of photographs)

**Review**

****

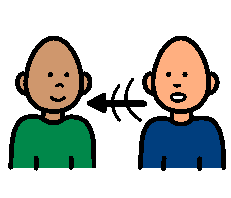
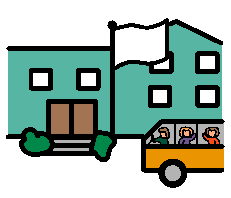
**Highlights from my school work**

**Advocated by ………………..**

This page can be used to record achievements in the last six months. The pupil's views can be recorded through written word, pictures or photographs.

|  |  |
| --- | --- |
|  |  |
|  |  |

(Please refer to your school policy on the use of photographs)



**Let's talk about school**

|  |  |
| --- | --- |
| **Lessons** |  |
| **Friends** |  |
| **Hobbies/**  **Interests** |  |
| **Celebrations** | |
| **Social worker comments** |  |
| **Parents/Carers** |  |
| **Teacher comments** |  |

**PEP Action Plan**



|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Number** | **Summary of**  **Support and strategies**  **(Full information attached)** | **Cost of intervention / provision** | **Termly Review**  **Evidence of impact of pupil premium plus spend** |
| 1 |  |  | Outcomes Met/Not met  Delete as appropriate  1 – Fully/Partially  Expenditure |
| 2 |  |  | Outcomes Met/Not met  Delete as appropriate  2 – Fully/Partially  Expenditure |
| 3 |  |  | Outcomes Met/Not met  Delete as appropriate  3 - Fully/Partially  Expenditure |
| Total spend of Pupil Premium Plus | |  |  |
| Signatures | | | |
| Signed :  Signed :  Signed :  Date: | | | |

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